PART B - FEE(S) TRANSMITTAL



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Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 NOV 1 0 2005 (571) 273-2885 INSTRUCKONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate the further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless that the property of the current correspondence address as indicated unless that the property of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee non-need-ons. or Fax Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block-1 for any change of address) 08/12/2005 035811 7590 IP GROUP OF DLA PIPER RUDNICK GRAY CARY US Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 1650 MARKET ST **SUITE 4900** (Depositor's name PHILADELPHIA, PA 19103 (Signature (Date FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 09/976,945 10/12/2001 Pascal Pineau 1296-01 1749 TITLE OF INVENTION: MEDICAL IMAGING SYSTEM **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY \$300 \$1000 11/14/2005 YES \$700 nonprovisional CLASS-SUBCLASS EXAMINER ART UNIT 2623 382-128000 AHMED, SAMIR ANWAR 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list IDLA Piper Rudnick (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, Gray Cary US LLP (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 11/14/2005 MAHMED2 00000012 09976945 (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE 01 FC:2501 700.00 OP France IODP (S.A.R.L.) 02 FC:1504 300.00 DP Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2719 (enclose an extra copy of this form). ☐ Advance Order - # of Copies Change in Entity Status (from status indicated above) ■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ■ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date November 8, 2005

Registration No.

Typed or printed name T. Daniel Christenbury

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

: 2623

Customer No. 035811

Examiner

: Mehrdad Dastouri

Serial No.

: 09/976,945

Filed

: October 12, 2001

Inventors

: Pascal Pineau

Title

: MEDICAL IMAGING SYSTEM

Docket: 1296-01

Conf. No.: 1749 Not. Of Allow .: 08/12/05

Dated: November 8, 2005

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

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Postcard \$1000.00 Check Transmittal Letter in duplicate Form PTOL-85 in duplicate

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

> Name of Applicant, Assignee, Applicant's Attorney or Registered Representative:

> > DLA Piper Rudnick Gray Cary US LLP Customer No. 35811

By:	1
Date:	3 Nov 2005



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TRANSMITTAL LETTER

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Sir:

We submit herewith Form PTOL-85B as well as our check in the amount of \$1000.00 to cover the required issue fee and publication fee.

The Commissioner is authorized to charge any amount believed to be an insufficiency to Deposit Account No. 50-2719. This authorization is made in duplicate.

Respectfully submitted,

T. Daniel Christenbury Reg. No. 31,750

TDC:cc (215) 656-3381